Disclosure Rep					Amendment  Yes  No		
	eral report and committee is	nformation, must be	e signed and sub	mitted along with	n other detailed forms.		
Do not use this form t							
1. Committee Inform	nation						
a. Full Name					c. ID Number		
COMMITTEE TO E	LECT KEN REDDIC - BO	E			3HCUY3		
	de City, State and Zip Code)				d. Date Filed		
2106 COLONY PLA JACKSONVILLE, N					10/21/2020		
					e. Phone Number		
					910-330-6873		
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer F	'ull Name		
2020	7/1/2020	10/	17/2020	JOHN FREDERICK PHELPS			
6. Type of Committe	ee (Check One)	9. Type of Repor	t (check on	ly one type of rep	ort from one category)		
Candidate Campai		Municipal	State/C		Referendum		
PAC	Referendum	Organizationa	al 🔲 i	Organizational	Organizational		
Independent Expenditure Legal Expense Fur	Joint Fundraiser	Thirty-five da	ay	Quarterly	Pre-referendum		
7. Type of Fund	(if applicable, check one)	Pre-primary		First	Final		
"Booster Fund"		Pre-election		Second	Supplemental Final		
Building Fund		Pre-runoff		Third	Annual		
		Semi-annual	lĦ	Fourth	Special		
		Mid Yea	ar	Semi-annual	<b>-</b>		
Other:		Year En	d $\square$	Mid Year	10. Special Report Name		
—		Final		Year End	THIRD QUARTER		
8. Number of Fundr	Special Special		Final	PLUS			
	0			Special			
11. Account Informa			11. Account l				
a. Financial Institution F	······································		a. Financial Inst	itution Full Name			
FIRST NATIONAL	······································						
b. Purpose	c. Account Code		b. Purpose		c. Account Code		
CAMPAIGN ACCOUNT FOR	FP		The state of the s				
RECEIPTS AND	d. Period Begin Balance				d. Period Begin Balance		
EXPENDITURES	\$ 2696.23				\$		
CERTIFICATION			.1				
	mittee or Fund is in compli	ance with all applic	able provisions	of Article 22A, 2	2B, & 22D-22M of Chapter 163 of		
					ads. I further certify that this report		
	correct and that I have been				The state of the s		
JOHN F PHI		40	4 /1 /	70/00.	10/21/2020		
	Printed Name of Signer	· \	Signature of Appoin	ted Treasurer	Date		
FOR OFFICE USE OF	NLY	* \					
Date Received:	nor 2.2-2000	Employee:			Delivery Method		
					Normal Mail		
Date Postmarked		Employee:	<u></u>		Registered Mail		
	30 Tan 10		,,		Hand Delivered		
Date Scanned:		Employee:			Electronically Filed Signer has not received		
Date Data Entere	A·	Employees			mandatory training		
Date Data Effere	<b>4.</b>	Employee:			· · · · · · · · · · · · · · · · · · ·		
Please Note: This		end committee info m of books informa			ddress, treasurer, assistant treasurer,		

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

	2. Type of Report		3. ID Number		
	2020 THIRD QUA PLUS	ARTER	SHCUY3		
Start of Election Cycle: January 1,	2020	Total this Reporting Period	Total this Election Cycle		
4) Cash on Hand at Start		\$ 2696.23	\$ 680.9712230.57		
RECEIPTS					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$		
6) Contributions from Individuals	(CRO-1210)	\$ 455.49	\$ 6820.42		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$ 19.44		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$		
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c,	. 11d and 11e)	\$ 455.49	\$ 6870.42 683		
<b>EXPENDITURES</b>					
13) Disbursements	20155000 TT-471800 SV-47110 TT-500 SV-4710 SV				
13a) Operating Expenditures	(CRO-1310)	\$ 1507.77	\$ 3181.58		
13b) Contributions to Candidates/Political Committ	ees (CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$		
15) Loan Repayments	(CRO-1420)	\$	\$		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 106.49	\$ 1444.42		
17) In-Kind Contributions	(CRO-1510)	\$ 106.49	\$ 1463.86		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15,	, 16 and 17)	\$ 1720.75	\$ 6089.86		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtr	ract line 18)	\$ 1430.97	\$ 1430.97		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaigns	s) <i>(CRO-1430)</i>	\$			
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$			
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$			
24) Account Transfers Within the Committee	(CRO-1720)	\$			
25) Administrative Support	(CRO-1710)	\$	\$		
26) Forgiven Loans	(CRO-1440)	\$	\$		
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$	\$		
28) Contributions to be Refunded	(CRO-1215)	\$	\$		
	( = = = = = = = = = = = = = = = = = = =	<u> </u>			

CRO-1100

NC State Board of Elections

August 2008

Amendment

Yes

		m Individuals		Pg		0.1205:	Yes	No No	
		ividual contributions of the contributions of the contribution of	•	or contributions un	der \$50 if form CK	O 1205 is no <b>2. ID Nun</b>			
COMMITTEE TO ELECT KEN REDDIC - BOE									
						3HCUY3			
in the entack thirt excellent any appropriation	ibutor Informatio			activity and activity of the state of the st	emove	T			
	ne, Mailing Address & city, state, & zin)	& Phone		b. Job Title/Profession LEGISLATOR	0	d. Comments  NC HOUSE			
(include city, state, & zip) GEORGE CLEVELAND			LEGISLATOR	NC HOU	SE				
224 CAMPBELL PL			c. Employer's Name/S						
JACKSONVILLE NC 28546						·			
						e. Election S	um to Date		
					,	\$	300.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy	уу)	k. Amount		
	FP	CHECK			09/25/20	020	\$	300.00	
		- WARRANT CONTROL OF THE CONTROL OF					\$		
			-				<b>s</b>		
3 Contri	  ibutor Informatio	OR.		Add Re	emove				
A transfer of the first transfer to the first transfer transfer to the first transfer	ne, Mailing Address &			b. Job Title/Profession		d. Comment	<b>'</b>		
	city, state, & zip)			FINANCE OFFIC					
	LLAMON					]			
	OTLAND LANE	<b>、</b>		c. Employer's Name/S		<u> </u>			
M TITATITA	IGTON NC 28409			ONSLOW CO SC	.HS	e. Election Sum to Date			
						\$	98.00		
			1						
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)		k. Amount		
	FP	CASH			09/29/20	020	\$	49.00	
			<u> </u>				\$		
						···	\$		
	ibutor Informatio			2000 2000 (100 100 100 100 100 100 100 100 100	emove				
	ne, Mailing Address & city, state, & zip)	& Phone		b. Job Title/Profession	n.	d. Comment	<u>'S</u>		
KEN REI				CANDIDATE					
	ENWAY DR			c. Employer's Name/S	•				
JACKSO	NVILLE NC 2854	46							
						e. Election S	um to Date		
						\$	497.41		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	Kind Description	j. Date (mm/dd/yy)	уу)	k. Amount		
	FP	IN-KIND	PEN	<u>S</u>	09/29/20	)20	\$	106.49	
				<u></u>			\$		
						<del></del>	\$		
4. Total	l only this Page	е				\$		455.49	
	l of ALL CRO					\$		455.49	
(1 his line	2 must be on line 6 of ?	Detailed Summary Page C	.KU-1100	<i>J</i>	AN SECTION OF SECTION SECTION				

**Contributions from Individuals** 

Amendment

Disbursem	ents		Da	1 00	Amendment		
Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political							
committees and	coordinated party ex	rpenditures.					
	ull Name (and Fun				2. ID Number		
	TO ELECT KEN RI				3HCUY3		
3. Type of Disb	ursement <i>(Plea</i>		RO-1310 forms for each t	ype of Disbursem	ient.)		
Operating E	······· = =	THE STATE OF THE S	didates/Political Committees		ordinated Party Expenditures		
4. Payee Inform			Add	Remove			
	ng Address & Phone		b. Coordinated Committee N	ame	d. Comments		
(include city, state,					THE DAILY NEWS		
ENC MEDIA G							
724 BELL FOR			c. Level Registered (Specify)				
JACKSONVILI	LE NC28546		Federal 🖂	County:			
			State	Municipality:	e. Election Sum to Date		
			•		\$ 357.00		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	1: 4	3. D		
1. Account Code	g. Form or rayment	n. i ur pose code	1. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
FP	CHECK	A	10/05/2020	\$714.00	NEWS AD		
				\$			
4. Payee Inform	ation		Add	Remove	L		
	ng Address & Phone		b. Coordinated Committee Na		d. Comments		
(include city, state,	•				TIDELAND NEWS		
	BLISHING CO.	***************************************					
PO BOX1679			c. Level Registered (Specify)		1		
MOREHEAD C	CITY NC 28557	-	Federal 🖂	County:	1		
			State	Municipality:	e. Election Sum to Date		
			***************************************		\$ 390.85		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy) j. Amount		k. Required Remarks		
1. Account Code	5. 1 or an of I wy life int	n. 1 ar pose Code	1. Date (mm/dd/yyyy)	J. Amount			
FP FP	CHECK	A	10/06/2020	\$471.70	NEWS AD		
FP	СНЕСК	A	10/06/2020	\$471.70 \$			
FP 4. Payee Inform	CHECK ation		10/06/2020 Add	\$471.70 \$ Remove	NEWS AD		
FP 4. Payee Inform a. Full Name, Maili	CHECK  ation  ng Address & Phone	A	10/06/2020	\$471.70 \$ Remove			
FP  4. Payee Inform a. Full Name, Maili (include city, state,	CHECK  ation  ng Address & Phone	A	10/06/2020 Add	\$471.70 \$ Remove	NEWS AD		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES	CHECK  ation  ng Address & Phone & zip)	A	Add b. Coordinated Committee Na	\$471.70 \$ Remove	NEWS AD		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER)	CHECK  ation  ng Address & Phone & zip)  N BLVD	A	Add b. Coordinated Committee Na c. Level Registered (Specify)	\$471.70 \$ Remove	NEWS AD		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES	CHECK  ation  ng Address & Phone & zip)  N BLVD	A	Add b. Coordinated Committee Na c. Level Registered (Specify)	\$471.70 \$ Remove	NEWS AD		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER)	CHECK  ation  ng Address & Phone & zip)  N BLVD	A	10/06/2020  Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal	\$471.70 \$ Remove	d. Comments  e. Election Sum to Date		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER)	CHECK  ation  ng Address & Phone & zip)  N BLVD	A	10/06/2020  Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal	\$471.70 \$ Remove	d. Comments		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER)	CHECK  ation  ng Address & Phone & zip)  N BLVD	A	10/06/2020  Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal	\$471.70 \$ Remove	d. Comments  e. Election Sum to Date		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI	CHECK  ation  ng Address & Phone & zip)  N BLVD  LE NC 28546  g. Form of Payment	A	Add b. Coordinated Committee Na  c. Level Registered (Specify)     Federal	\$471.70 \$ Remove ame  County: Municipality:	d. Comments  e. Election Sum to Date  \$ 98.56		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI	ation ng Address & Phone & zip) N BLVD LE NC 28546	A	Add b. Coordinated Committee Na c. Level Registered (Specify) Federal State	\$471.70 \$ Remove ame County: Municipality:	d. Comments  e. Election Sum to Date  \$ 98.56  k. Required Remarks		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI	CHECK  ation  ng Address & Phone & zip)  N BLVD  LE NC 28546  g. Form of Payment	A	Add b. Coordinated Committee Na  c. Level Registered (Specify)     Federal	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07	d. Comments  e. Election Sum to Date  \$ 98.56  k. Required Remarks		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP	ation ng Address & Phone & zip) N BLVD LE NC 28546 g. Form of Payment CHECK	A	Add b. Coordinated Committee Na  c. Level Registered (Specify)     Federal	\$471.70 \$ Remove ame  County: Municipality:	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi	ation ng Address & Phone & zip) N BLVD LE NC 28546 g. Form of Payment CHECK	A	Add b. Coordinated Committee Na  c. Level Registered (Specify)     Federal	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07	d. Comments  e. Election Sum to Date  \$ 98.56  k. Required Remarks		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL	ation ng Address & Phone & zip)  N BLVD LE NC 28546  g. Form of Payment CHECK  s Page CRO-1310 Pages	h. Purpose Code B	Add b. Coordinated Committee Na  c. Level Registered (Specify)  Federal State  i. Date (mm/dd/yyyy)  10/12/2020	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in	ation ng Address & Phone & zip)  N BLVD LE NC 28546  g. Form of Payment CHECK  s Page CRO-1310 Pages line 13a of Detailed Sun	h. Purpose Code B	Add	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in (This line goes in	check  ation  ng Address & Phone & zip)  N BLVD  LE NC 28546  g. Form of Payment  CHECK  s Page  CRO-1310 Pages  line 13a of Detailed Sun  line 13b of Detailed Sun	h. Purpose Code  B  unary Page CRO-1106 unary Page CRO-1106	Add	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING  \$ 1507.77		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in (This line goes in	check  ation  ng Address & Phone & zip)  N BLVD  LE NC 28546  g. Form of Payment  CHECK  s Page  CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun	h. Purpose Code  B  umary Page CRO-1100 umary Page CRO-1100 umary Page CRO-1100	Add	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING  \$ 1507.77		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code	ation  ng Address & Phone & zip)  N BLVD LE NC 28546  g. Form of Payment  CHECK  s Page  CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex	h. Purpose Code  B  mary Page CRO-1100 mary Page CRO-1100 mary Page CRO-1100 penditure code in (	Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  10/12/2020  Dif Operating Expenses) Of Contrib to Candidates/Political Coordinated Party Expenditus  (h.) above)	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING  \$ 1507.77		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in (This line goes in	check  ation  ng Address & Phone & zip)  N BLVD  LE NC 28546  g. Form of Payment  CHECK  s Page  CRO-1310 Pages line 13a of Detailed Sun line 13b of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex B* - Printing	h. Purpose Code  B  mary Page CRO-1106 mary Page CRO-1106 penditure code in (  C* - Fund	Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  10/12/2020  Dif Operating Expenses) Dif Contrib to Candidates/Politice Oif Coordinated Party Expenditue  (h.) above)	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$  al Comm) ares)	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING  \$ 1507.77  \$ 1507.77		
4. Payee Inform a. Full Name, Maili (include city, state, STAPLES 1144 WESTER) JACKSONVILI  f. Account Code FP  5. Total only thi 6. Total of ALL (This line goes in (This line goes in (This line goes in 7. Purpose Code A* - Media	ation  ng Address & Phone & zip)  N BLVD LE NC 28546  g. Form of Payment  CHECK  s Page  CRO-1310 Pages line 13a of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun line 13c of Detailed Sun es (List detailed ex	h. Purpose Code  B  unary Page CRO-1106 unary Page CRO-1106 conditure code in (  C* - Fund G - Politic	Add  b. Coordinated Committee Na  c. Level Registered (Specify)  Federal  State  i. Date (mm/dd/yyyy)  10/12/2020  Dif Operating Expenses) Dif Contrib to Candidates/Politice Oif Coordinated Party Expenditue  (h.) above)	\$471.70 \$ Remove ame  County: Municipality:  j. Amount \$322.07 \$  D - To Anoth H* - Holding	d. Comments  e. Election Sum to Date \$ 98.56 k. Required Remarks PRINTING  \$ 1507.77		

\* Codes require detailed explanation in required remarks field (k)

Refunds/Rein	aburseme	ents From the Committ	ee	Pg <u>1</u>	of <u>1</u>	mendi 	ment Yes 🏿 No		
Use this form to rep	ort refunds/re	imbursements, including contribut	ions retur			<b>-</b>	250 251 270		
1. Committee Full	Name (and F	und if applicable)				2.	ID Number		
COMMITTEE TO ELECT KEN REDDIC - BOE						3HCUY3			
3. Payee Information		N	NAS E	(6) s <b></b>		so w nostwork			
a. Full Name, Mailing A			Add	Remove					
(include city, state, &		:	a. 1yp	e of Committee	PAC	h. 6	Original Receipt Date		
KEN REDDIC	<b>P</b> /			Referendum	Party		09/29/20200		
905 GREENWAY DR JACKSONVILLE NC 28546			e. Leve	el Registered (Specif		i. C	Priginal Receipt Amount		
				Federal 🖂	County:				
				State	Municipality:	\$	106.49		
				ose Code	***************************************	j. E	lection Sum to Date		
			P			\$	497.41		
b. Job Title/Profession		c. Employer's Name/Specific Field	д. Соп	ments		k. Account Code			
	· · · · · · · · · · · · · · · · · · ·		8		77.77	FP FP			
l. Form of Payment	m. Required 1	Remarks			n. Date (mm/dd/y	ууу)	o. Amount		
CHECK	PENS			. , , , , , , , , , , , , , , , , , , ,	10/4/2020	\$ 106.49			
3. Payee Information			Add 🔲	Remove					
a. Full Name, Mailing A	electronic contraction of the section of the sectio		14 (4 4 5 1 4 4 5 1 4 4 5 5 5 1 4 4 5 5 5 5	e of Committee			N		
(include city, state, &			u. Typ	Candidate	PAC	b. Original Receipt Date			
			<b>-</b>	Referendum	Party				
			e. Leve	l Registered (Specif		i. 0	riginal Receipt Amount		
				Federal	County:	\$			
			State Municipality:						
			f. Purpose Code				j. Election Sum to Date		
						\$			
b. Job Title/Profession	***************************************	c. Employer's Name/Specific Field	g. Comments				k. Account Code		
l Form of Downson	T			·	<u> </u>				
l. Form of Payment	m. Required 1	Remarks			n. Date (mm/dd/y	ууу)	o. Amount		
							\$		
3. Payee Informatio	n	A	Add	Remove					
a. Full Name, Mailing A	ddress & Phone		d. Type	e of Committee		h. C	Original Receipt Date		
(include city, state, &	zip)		$\Box$	Candidate	PAC				
				Referendum	Party	-	ACTION AND ADDRESS OF THE ACTION AND ADDRESS		
			e. Leve	l Registered (Specif		i. 0	riginal Receipt Amount		
				State	County: Municipality:	\$			
			f. Purp	ose Code	Municipanty.	i. F	lection Sum to Date		
				······································		1			
						\$			
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments			k. Account Code				
l. Form of Payment	m. Required I	kemarks	l		n Data (mm/dd/s	D27)	a Amount		
				<del></del>	n. Date (mm/dd/yy	77)	o. Amount		
			angungan kanada ka	Section of the sectio	. 2000 10 00111 10 00111 10 0011	3	\$		
4. Total only this Pa					190	The same of	\$ 106.49		
		S (This line must be on line 16 of Detaile	d Summary		^ ·		\$ 106.49		
L - Returned to Contrib P* - Reimbursement of	f In-Kind	M - Overpayment for Service O* Other		N - Exceeded	Contribution Limit				
* Codes require detailed	explanation in	required remarks field (m)							

Amendment

Use this form to report non-monetary contributions, donations, go Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or a	servi	ces provided to the vs.	ne com	mittee or fund.	
1. Committee Full Name (and Fund if applicable)				2. II	) Number	
COMMITTEE TO ELECT KEN REDDIC - BOE					3HCUY3	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone	b. Typ	e of C	Contributor	c. Co	mments	
(include city, state, & zip)		Indi	vidual			
KEN REDDIC	$\boxtimes$	Can	didate			
905 GREENWAY DR		Part				
JACKSONVILLE NC 28546		PAC				
			erendum	d. Ele	ction Sum to Date	
		Othe	er Receipt Source	\$	390.92	
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
PENS			10/04/2020	0	\$ 106.49	
					\$	
					\$	
3. Contributor Information Add	Remove					
a. Full Name, Mailing Address & Phone				c. Coi	nments	
(include city, state, & zip)		Indiv	vidual			
		Cano	didate			
		Party				
	PAC Referendum Other Receipt S					
					d. Election Sum to Date	
			r Receipt Source	\$		
e. Description			f. Date (mm/dd/yy	уу)	g. Fair Market Amount	
					\$	
					\$	
		·			\$	
3. Contributor Information Add F	Remove					
a. Full Name, Mailing Address & Phone	b. Type		ontributor	c. Cor	uments	
(include city, state, & zip)	<b>↓</b>		vidual			
			lidate			
	lH	Party PAC				
			rendum	d Fle	ction Sum to Date	
			r Receipt Source			
			<b>k</b>	\$		
e. Description			f. Date (mm/dd/yy	yy)	g. Fair Market Amount	
					\$	
					\$	
					\$	
4. Total only this Page				\$	106.49	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)				\$	106.49	

**In-Kind Contributions** 

Amendment

 $\boxtimes$